

Important Update

DCH Decision Document

Listed below are Preferred Drug List changes for the State of Georgia Fee-For-Service Medicaid and PeachCare for Kids Programs

Effective January 1, 2020 (see chart below)*

DCH rebate vendor Magellan Medicaid Administration (MMA) has reviewed 2020 supplemental rebate offers with DCH and also reviewed specific drug categories at the November 2019 DURB meeting. The PDL/PADL decisions or changes for new drugs or categories reviewed are outlined below. **Those drugs highlighted in red indicate a change from current PDL status.** For a full listing of our PDL, go to www.dch.georgia.gov/pharmacy and select the “preferred product list” option.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTICOAGULANTS	
	BEVYXXA
ANTICONSULSANTS	
	OXTELLAR XR
ANTIDEPRESSANTS, OTHER	
	SPRAVATO (PADL)
ANTIPARKINSON’S AGENTS	
	INBRIJA
	APOKYN
ATYPICAL ANTIPSYCHOTICS	
	REXULTI
BIOLOGIC IMMUNOMODULATORS	
	SKYRIZI
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	
	EVENITY (PADL)
GI MOTILITY, CHRONIC	
	MOTEGRITY
HIV/AIDS	
SYMTUZA (effective 10/1/19)	
IRON, ORAL	

PREFERRED AGENTS	NON-PREFERRED AGENTS
TANDEM PLUS	
MOVEMENT DISORDERS	
AUSTEDO	
MULTIPLE SCLEROSIS AGENTS	
	MAVENCLAD
	MAYZENT
OPHTHALMICS, GLAUCOMA AGENTS	
	SIMBRINZA
PULMONARY FIBROSIS AGENTS	
OFEV	
SPINAL MUSCULAR ATROPHY	
ZOLGENSMA (PADL)	
STIMULANTS AND RELATED AGENTS	
	QUILLICHEW
	QUILLIVANT

*PADL drugs may be subject to a different effective date.